

REQUIRED ATTACHMENTS FOR TRANSITIONAL RESIDENTIAL FACILITY (TRS) FOR RESIDENTIAL CARE PROVIDERS ONLY

Submit the following for the initial application for a Transitional Residential Facility certification

- A. **Facility Fact Record, State Form 48160**, for each facility.
- B. Program description, which must include but is not limited to the following:
 - * The facility philosophy and treatment orientation
 - * Resident population to be served
 - * Services offered by the program
 - * Program goals and services, including staff assignments to accomplish these goals, and community resources that will be utilized to meet the resident's needs
 - * Provision of the following:
 - * 24 hour supervision
 - * Services provided under the supervision of a physician licensed to practice medicine in Indiana
 - * Sufficient staffing to carry out treatment plans and provide consumer and staff safety
 - * Admission, transfer and discharge criteria
- C. Description of the facility and its location. Include information regarding the ability of the community to provide necessary supportive services (i.e. fire protection, approved water and sewage system, medical service, and access to recreational facilities, shopping, and transportation)
- D. Statement signed by the CEO indicating which Fire and Life Safety Standards the home meets and under which the State Fire Marshal will inspect:
 - 440 IAC 7.5-8 apartments
 - 440 IAC 7.5-9 one or two family dwelling
 - 440 IAC 7.5-10 congregate dwelling
- E. A floor plan which includes all room sizes. Identify number of occupants per bedroom. Identify the number of toilets, showers/tubs and lavatories available for clients
- F. If applicant is accredited; A copy of the administrative letter from the accrediting agency indicating that the new site is covered by the accreditation